

APPLICATION NO. DOCUMENT NUMBER:
101837184

CLAIMS AS FILED - PART 1

FOR	NUMBER FRED	NUMBER ERICA
BASIC FEE (1) CFR 1.10(e)(1)		
TOTAL CLAIMS (1) CFR 1.10(c)(1)	minus 20 +	
INDEPENDENT CLAIMS (1) CFR 1.10(d)(1)	minus 3 +	
MULTIPLE DEPENDENT CLAIM PRESENT		(1) CFR 1.10(e)(1)

* If the difference in column 1 is less than zero, enter '0' in column 2

SMALL ENTITY	
RATE	FEES
K 1	
K 1	
K 1	
TOTAL	

CHARGE ENTRY	
RATE	FEES
11.....*	
11.....*	
11.....*	
TOTAL	

CLAIMS AS AMENDED - PART II

2/21/10 (Column 1)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)	(Column 2)
						(Column 3)	
	Total 137 CFR 1.16(d)(1)	17	Minus	47	—		
	Independent 137 CFR 1.16(d)(1)	4	Minus	9	—		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (31 CFR 1.16(d)(3))

SMALL ENTITY	
HIRE	ADDITIONAL FEE
X \$ <u>25</u>	
X \$ <u>100</u>	
+ \$ <u>0</u>	
TOTAL	
AD'L FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDI TIONAL FEE
x \$ <u>50</u>	
x \$ <u>200</u>	
x \$ _____	
TOTAL	
ADD'L FEE	

		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	(3) CFR 1.16(d)(1)	MINUS	**	=
Independent	(3) CFR 1.16(d)(1)	MINUS	***	=

CLASS PRESENTATION OF MULTIPLE DEPENDENT QUANTITATIVE VARIABLES

RATE	ADDITIONAL FEE
X \$ <u> </u> =	
X \$ <u> </u> =	
X \$ <u> </u> =	
TOTAL	
AD'L FEE	

RATE	ADDITIONAL FEE
A \$ ____ :	
A \$ ____ :	
A \$ ____ :	
TOTAL ADD'L FEE	

		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER ADJUSTMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESUMED PAID FOR
Total allowances		Minus	**	**
Independent (1) (a) (1) (b) (2) (b)		Minus	***	**

If the value in column 1 is less than the value in column 2, then 01 in column 3.

** If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

IF THE HIGHEST NUMBER PREVIOUSLY PAID FOR IN THIS SPACE IS LESS THAN 20, ENTER "20".
IF THE HIGHEST NUMBER PREVIOUSLY PAID FOR IN THIS SPACE IS LESS THAN 3, ENTER "1".

The highest number of entries paid for the **CLASS** is less than 3, enter 3.
The highest number previously paid for **CLASS** is the highest number found in the appropriate box in column 1.

This request is of relevance to us as a 37 CFR 1.14. The information is required to obtain or retain a benefit by the person which is in file (and by the USPTO to process) an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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